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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Auth	Onzeu Committee	Ot	ffice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Taking Action For Suff	folk County			
ADDRESS (number and street)	P.O. Box 798			
▼ Check if different				
than previously reported. (ACC)	Mattituck		NY L	11952
2. FEC IDENTIFICATION NU	UMBER ▼ CITY	′ ▲	STATE A	ZIP CODE ▲
C C00637645	3. IS	THIS NEW (N) OR	X AMEN	DED
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5		Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6		Year Only)
April 15 Quarterly Report (C	21)	20 (M4) Jul 20 (M7)		
July 15 Quarterly Report (C	PRE-Election	Primary (12P)	General (120	
October 15 Quarterly Report (C	Report for the:	Convention (12C)	Special (12S	
January 31 Year-End Report (Y	YE) Election	on 11 06	2018	in the State of NY
July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on	Y Y Y Y Y	in the State of
5. Covering Period 10		through 10	/ D D / Y	2018
I certify that I have examined the	Ervin, Robert, Francis, ,	my knowledge and belief it is	true, correct and co	omplete.
Type or Print Name of Treasure	er			
Signature of Treasurer	n, Robert, Francis, ,	[Electronically Filed]	Date 11	01 2018
NOTE: Submission of false, erron	eous, or incomplete information	may subject the person signing	this Report to the p	penalties of 52 U.S.C. § 3010
Office Use Only				FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Taking Action For Suffolk Coun	nty	
Report Covering the Period: From:	10 / 01 / 2018 To:	17 / 2018
	COLUMN A This Period Cal	COLUMN B endar Year-to-Date
6. (a) Cash on Hand January 1, 2018		5985.29
(b) Cash on Hand at Beginning of Reporting Period	360662.78	
(c) Total Receipts (from Line 19)	7376.69	532542.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	368039.47	538527.49
7. Total Disbursements (from Line 31)	80188.54	250676.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	287850.93	287850.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a m	nulticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Taking Action For Suffolk County

Report Covering the Period: From:	01 2018 To	o: 10 17 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	7225.00	520639.49
(i) Itemized (use Schedule A)	7220.00	320033.43
(ii) Unitemized	90.00	11386.02
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	7315.00	532025.51
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	7315.00	532025.51
Totals to Line 33, page 5) 2. Transfers From Affiliated/Other	4	
Party Committees	0.00	0.00
Tarty Committees	4 4	
3. All Loans Received	0.00	0.00
	4 4	4 4
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7 7	4 4
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	61.69	516.69
6. Refunds of Contributions Made	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		0.00
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(nom deficação rio)	3.00	0.00
(b) Lovin Fundo (from Cohodulo HE)	0.00	0.00
(b) Levin Funds (from Schedule H5)	45 45 45	4 4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(b) Total Transfer (dad Tota) and Tota).	4 4	0.00
D. Total Receipts (add Lines 11(d),	7070.00	500540.00
12, 13, 14, 15, 16, 17, and 18(c))▶	7376.69	532542.20
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	7376.69	532542.20
() () () () () () () () () ()	45 45	4

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

ursements

Page 4

II. Disbursements	isbursements COLUMN A Total This Period				
Operating Expenditures: (a) Allocated Federal/Non-Federal	iotai iiii3 i ciioa	Calendar Year-to-Date			
Activity (from Schedule H4)	0.00	0.00			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating					
Expenditures	21345.04	163368.62			
(c) Total Operating Expenditures	21245.04	163368.62			
(add 21(a)(i), (a)(ii), and (b))	21345.04	103308.02			
Committees	0.00	0.00			
Contributions to	4 4				
Federal Candidates/Committees and Other Political Committees	0.00	0.00			
Independent Expenditures	4 1 4 1 4 1				
(use Schedule E) Coordinated Party Expenditures	58842.75	86498.97			
(52 U.S.C. § 30116(d))	222				
(use Schedule F)	0.00	0.00			
Loan Ponayments Made	0.00				
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To:	0.00	4 4			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
	3.00	4 4			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	4 4	4 4			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))	0.00	0.00			
Other Disbursements (Including					
Non-Federal Donations)	0.75	808.97			
	4 4	4 4			
Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity)				
(from Schedule H6)					
(i) Federal Share	0.00	0.00			
(1)	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid					
Entirely With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add	4 4				
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	80188.54	250676.56			
	00100.04	233070.30			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	80188.54	250676.56			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7315.00	532025.51
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7315.00	532025.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	21345.04	163368.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	61.69	516.69
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21283.35	162851.93

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

	F	OR	LINE	NU	MBER	:	PAGE	6	OF	22
(check only one)										
		X	11a		11b		11c	12		
			13		14		15	16		17

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Taking Action For Suffolk County Full Name of Individual (Last, First, Middle Initial) or Full Organization Name daniel, ana, , , Date of Receipt Mailing Address po box 146 2018 13 City Zip Code State Transaction ID: SA11AI.5680 NY sagaponack 11962 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Conduit: ActBlue Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Katie Daley & Mark Ledzian Date of Receipt Mailing Address 30 Monroe Place 5B 10 2018 City State Zip Code Transaction ID: SA11AI.5710 Brooklyn NY 11201 Amount of Each Receipt this Period FEC ID number of contributing 6500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) In-kind - production services Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 6500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Krause, Maureen, , , Date of Receipt Mailing Address P.O. Box 1125 2018 City Zip Code State Transaction ID: SA11AI.5679 NY Quogue 11959 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit: ActBlue Hofstra University Professor Receipt For: Aggregate Year-to-Date ▼ Primary General 229.74 Other (specify) 6725.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

				MBER	:	PAGE 7 OF 2					
(C	he	eck only one)									
	X	11a		11b		11c		12	2		
		13		14		15		16	6		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Taking Action For Suffolk County

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
moore, wendy, , ,

Date of Receipt

Full Name of Individual (Last, First, Mi moore, wendy, , ,	ddle Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 20 sterling place	Date of Receipt		
			10 14 2018
City	State	Zip Code	Transaction ID : SA11AI.5681
brooklyn	NY	11217	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
Brooklyn Country Day	Direc	etor	Conduit: ActBlue
Receipt For:	Aggregate \	/ear-to-Date ▼	
Primary General Other (specify) ▼		3500.00	
Full Name of Individual (Last, First, Mi	ddle Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate \	/ear-to-Date ▼	
Full Name of Individual (Last, First, Mi	ddle Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address	M = M / D = D / Y = Y = Y		
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer (for Individual)	Occup	pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate \	/ear-to-Date ▼	
UBTOTAL of Receipts This Page (optic	onal)		500.00
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SCHEDULE B (FEC Form 3X)	I I a a ·	make asked to ()	FOR LINE NUMBER: PAGE 8					OF	22		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	I `	ck only one)				٦ ۵۵		7	
		Summary Page		21b 28a	22 28b	23		26 29	2 3	7 0b	
Any information copied from such Reports and Statem	onto may	not be sold or									
or for commercial purposes, other than using the name											
NAME OF COMMITTEE (In Full)											
Taking Action For Suffolk County											
Full Name (Last, First, Middle Initial)					D	D: 1					
A. ActBlue Technical Services					Date of	_		ent — —			_
Mailing Address P.O. Box 382110					10	/	05	/ Y	2018]
City	tate	Zip Code			FEC Ide	entifica	tion N	Jumher			
Camerage	MA	02238-2110				Jillioa		· ·		-	
Purpose of Disbursement donation processing				7	C						
Candidate Name			0-1					: SB21		-	riad
			Category, Type	7	Amount	or Ea	ch Di	sbursen	nent tr	iis Pei	100
Office Sought: House Disbursem	ent For:		71			-		_		0.99	. 1
	Primary	General						,			
	Other (spec	cify) 🔻			Mei	mo Itei	m				
State: District: Full Name (Last, First, Middle Initial)					_						
B. ActBlue Technical Services					Date of	Disbu	rseme	ent			
- Actbide reclinical dervices					M = M	_) I D	/ Y	Y	Y Y	1
Mailing Address P.O. Box 382110					10		07		2018	8	
,	tate	Zip Code			FEC Ide	entifica	tion N	Number			
Cambridge Purpose of Disbursement	MA	02238-2110				-				7	
donation processing				71	C					_	
Candidate Name			Category	,	Tra Amount			: SB21 sbursen			riod
			Type	'	7 time di ik	0. 20	011 01	0001			100
Office Sought: House Disbursem					L	-				4.94	_
	Primary	General									
President State: District:	Other (spec	эну)			Mei	mo Ite	m				
Full Name (Last, First, Middle Initial)											
C. ActBlue Technical Services					Date of	Disbu	rseme	ent			
					M = M	/ [) D	/ Y	Y		1
Mailing Address P.O. Box 382110					10	L	13		2018	3	_
City	tate	Zip Code									
Cambridge	MA	02238-2110			FEC Ide	entifica	tion N	Number		_	
Purpose of Disbursement donation processing				\neg	C						
Candidate Name				_	Tra	nsacti	on ID	: SB21	B.570	2	
Candidate Name			Category, Type	/	Amount	of Ea	ch Di	sbursen	nent th	nis Per	riod
Office Sought: House Disbursem	ent For:		Type							3.95	
	Primary	General				-		7			_
	Other (spec	cify) ▼			Mei	mo Itei	m				
State: District:					Ш						
CURTOTAL of Diobustosments This David (anti-									-	9.88	\neg
SUBTOTAL of Disbursements This Page (optional))		<u> </u>		+		-	3.30	#
TOTAL This Period (last page this line number only).			1	•							

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SCHEDULE B (FEC Form 3X)			NE NUMBER: PAGE 9 OF 22					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	X 21b 28a	22 23 26 27 28b 28c 29 30b					
Any information copied from such Reports and Staten	nents may not be sold or used							
or for commercial purposes, other than using the nam	ne and address of any political	committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
Taking Action For Suffolk County								
Full Name (Last, First, Middle Initial)			Data of Dishuraament					
A. ActBlue Technical Services			Date of Disbursement					
Mailing Address P.O. Box 382110			10 14 2018					
,	State Zip Code		FEC Identification Number					
Cambridge Purpose of Disbursement	MA 02238-2110							
donation processing	1		C					
Candidate Name	l.	Category/	Transaction ID : SB21B.5703 Amount of Each Disbursement this Period					
		Type						
Office Sought: House Disbursen			19.75					
Senate	Other (enecify) —							
State: President State:	Other (specify) ▼		Memo Item					
Full Name (Last, First, Middle Initial)								
B. ActBlue Technical Services			Date of Disbursement					
			M = M / D = D / Y = Y = Y					
Mailing Address P.O. Box 382110			10 15 2018					
,	State Zip Code MA 02238-2110		FEC Identification Number					
Cambridge Purpose of Disbursement	MA 02238-2110		С					
donation processing			Transaction ID : SB21B.5704					
Candidate Name	,	Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disbursen	nent For:		2.57					
	Primary General							
President State: District:	Other (specify)		Memo Item					
Full Name (Last, First, Middle Initial)								
C. Benson Consulting Agency, LLC			Date of Disbursement					
Mailing Address 8 Wellington Drive			10 01 2018					
	State Zip Code		FEC Identification Number					
Stony Brook	NY 11790							
Purpose of Disbursement consulting	1		C					
Candidate Name	l	Category/ Type	Transaction ID : SB21B.5688 Amount of Each Disbursement this Period					
Office Sought: House Disbursen	nent For:	71. "	3000.00					
Senate	Primary General							
President	Other (specify) ▼		Memo Item					
State: District:								
SUBTOTAL of Disbursements This Page (optional)		·····•	3022.32					
TOTAL This Period (last page this line number only)								
1 t= 11110 1 01100 (last page tills lille Halliber Offly)								

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SCHEDULE B (FEC Form 3X)			FOR I	FOR LINE NUMBER: PAGE 10 OF				
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	I `	ck only one)				
		Summary Page	×	21b	22	23	26	27
[28a	28b	28c	29	30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
Taking Action For Suffolk County								
Full Name (Last, First, Middle Initial)					D-44	Distance		
A. Gusto					Date of	Disburse		
Mailing Address 500 Third St					10	/ D 0	2 / Y	2018
Suite 405					- 5	نا ا		
City	State	Zip Code			FEC Ide	entificatio	n Number	
San Francisco	CA	94107						
Purpose of Disbursement payroll services				71	C			
Candidate Name							ID : SB211	
			Categor Type	y/	Amount	of Each	Disbursem	ent this Period
Office Sought: House Disbursen	nent For:		.,,,,,					117.00
Senate	Senate Primary General						-	
	Other (spec	cify) ▼			Me	mo Item		
State: District:								
Full Name (Last, First, Middle Initial)					Data of	Disburse	mont	
B. Katie Daley & Mark Ledzian					Date of			. Y . Y . Y
Mailing Address 30 Monroe Place 5B					10		6 / Y	2018
,	State	Zip Code			FEC Id	entification	n Number	
Brooklyn Purpose of Disbursement	NY	11201						
In-kind - production services					C			
Candidate Name			Categor	v/	Transaction ID : SB21B.5711 Amount of Each Disbursement this Period			
			Type	3 7 1				
Office Sought: House Disbursen								6500.00
	Primary	General						
President State: District:	Other (spec	эну)			Me	mo Item		
Full Name (Last, First, Middle Initial)								
C. Katie Daley & Mark Ledzian					Date of	Disburse	ement	
					M M	/ D	D / Y	YYY
Mailing Address 30 Monroe Place 5B					10	1	0	2018
City	State	Zip Code						
Brooklyn	NY	11201			FEC Id	entificatio	n Number	
Purpose of Disbursement				_	С			
out of pocket expenses						nsaction	ID : SB21	B.5690
Candidate Name			Categor	y/	Amount	of Each	Disbursem	ent this Period
Office Sought: House Disbursen	ent For:		Туре					141.50
	Primary	General				7	7	
President	Other (spec	cify) ▼			Me	mo Item		
State: District:					LI IVIE			
							-	0750 50
SUBTOTAL of Disbursements This Page (optional)				•		7		6758.50
TOTAL This Period (last page this line number only)				_				

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 11 OF					
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the		ck only one)				
		Summary Page	28		23 28c	26 27 29 30b		
Any information could from such Describe and Otatan								
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan								
NAME OF COMMITTEE (In Full)								
Taking Action For Suffolk County								
Full Name (Last, First, Middle Initial)								
A. MCB Consulting				M = M	Disburse	D / Y Y Y Y Y		
Mailing Address PO Box 855		T		10	05	2018		
City Southampton	State NY	Zip Code 11969		FEC Ide	entification	n Number		
Purpose of Disbursement	141	11909						
fundraising				C				
Candidate Name			Category/			ID: SB21B.5705 Disbursement this Period		
			Type	Amount	OI Edoil	Diobardoment this 1 chea		
Office Sought: House Disburser	ment For:	'		T I		8000.00		
Senate	Primary	General			,	,		
State: District:	Other (spec	cify) ▼		Me	mo Item			
				+				
Full Name (Last, First, Middle Initial) B. New York State Department of Tax	ration or	nd Einanaa		Date of	Disburse	ment		
- New Tork State Department of Tax	Kalloll al	iu i ilialice		M M	/ D			
Mailing Address STATE PROCESSING CENTER PO BOX 61000				10				
,	State	Zip Code		FEC Ide	entification	n Number		
Albany Purpose of Disbursement	NY	12261						
tax payment				C				
Candidate Name			Category/ Type			ID: SB21B.5715 Disbursement this Period		
Office Sought: House Disburser	nent For:		.,,,,,	- I ' ' '		0.12		
Senate	Primary	General				4- 4-		
President	Other (spec	cify)		Me	mo Item			
State: District:								
Full Name (Last, First, Middle Initial) C. Peconic Advisors, LLC					Disburse			
Mailing Address 300 Bowie Street Unit 3206				10	0,			
	State	Zip Code		EEC Id	entification	Numbor		
Austin	TX	78703		FEC IO	Hillication	i Nullibei		
Purpose of Disbursement accounting services				C	nsaction	ID : SB21B.5686		
Candidate Name			Category/ Type			Disbursement this Period		
Office Sought: House Disburser	ment For:					2166.26		
Senate	Primary	General						
State: President State:	Other (spec	CITY) ▼		Me	mo Item			
State. DISTRICT.								
SUBTOTAL of Disbursements This Page (optional)			······································			10166.38		
TOTAL This Period (last page this line number only)								

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE			PAGE 12 OF 22			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	nly one)						
		Summary Page		1b 22 3a 28b	23 28c	26 27 29 30b			
Any information copied from such Reports and State	mente may	not be sold or use							
or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)									
Taking Action For Suffolk County									
Full Name (Last, First, Middle Initial)				Data	f Diabuma				
A. Peconic Advisors, LLC				Date o	f Disburse				
Mailing Address 300 Bowie Street Unit 3206				10	0				
,	State	Zip Code		FEC Io	lentification	n Number			
Austin Purpose of Disbursement	TX	78703							
FEC webinar reimbursement				C		ID - CD24D 5007			
Candidate Name			Category/	_	Transaction ID: SB21B.5687 Amount of Each Disbursement this Period				
Office Sought: House Dishures	mont For		Туре			50.00			
Office Sought: House Disburse Senate	ment For: Primary	General			7	30.00			
President	Other (spe			Me Me	emo Item				
State: District:					onio itorii				
Full Name (Last, First, Middle Initial)				Data	f Diaburas	mont			
B. Shoeboxed.com				Date o	Date of Disbursement				
Mailing Address 512 S Mangum Street Suite 402				10	1				
City	State NC	Zip Code 27701		FEC Id	lentification	n Number			
Durham Purpose of Disbursement	- NO	27701		C					
					nsaction	ID : SB21B.5698			
Candidate Name			Category/		Amount of Each Disbursement this Period				
Office Sought: House Disburse	ment For:		Type			39.00			
Senate									
President	President Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial) C. United States Postal Service					f Disburse				
Mailing Address 450 NY-25A				10	0				
City	State	Zip Code		FEC Io	lentification	n Number			
East Setauket Purpose of Disbursement	NY	11733							
postage Candidate Name			ID : SB21B.5693						
Candidate Marile	Amoun	t of Each	Disbursement this Period						
Office Sought: House Disburse	Office Sought: House Disbursement For:								
Senate Primary General						7-1-4-			
State: District:									
State: District:									
SUBTOTAL of Disbursements This Page (optional)						129.75			
TOTAL This Period (last page this line number only)			. 1					

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SCHEDULE B (FEC Form 3X)	11-						13 ()F 22			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only o		(check only one)						
		Summary Page		21b	22 23 26 28c 29			27			
										30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam											
NAME OF COMMITTEE (In Full)		7 [2.1111							-		
Taking Action For Suffolk County											
<u> </u>											
Full Name (Last, First, Middle Initial) A. United States Postal Service					Date of	Disbu	ırsem	nent			
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Mailing Address 450 NY-25A					10	I L	11			2018	
City	tate	Zip Code		+							
,	NY	11733			FEC Ide	entifica	ation	Num	ber		
Purpose of Disbursement				╗	C						
postage Candidate Name					Tra	nsact		_			
Candidate Name			Category/ Type	<i>'</i>	Amount	of Ea	ich D	Disbu	rseme	nt this F	Period
Office Sought: House Disbursem	ent For:		.,,,,	\dashv						74.2	5
	Primary	General				,			7		
President	Other (spec	cify) 🔻			Mer	mo Ite	m				
Full Name (Last, First, Middle Initial)				+							
B. United States Postal Service					Date of	Disbu	ırsen	nent			
					M M / D D / Y Y Y Y					Υ	
Mailing Address 450 NY-25A		10	I L	11	_	_	2018				
City	tate	Zip Code			EEO Ida	ntific	ntion.	Niv	hor		
East Setauket	NY	11733			FEC Ide	HIUTICE	แเดก	inum	ner	-	
Purpose of Disbursement postage				٦ 📗	C						
Candidate Name			Category/		Transaction ID: SB21B.5695 Amount of Each Disbursement this Period				Pariod		
			Type		Amount	OI La	ICIT L	JISDUI	Seme	111 11115 1	enou
Office Sought: House Disbursem									,	600.0	0
	Primary Other (spe	General									
State: District:	Other (spec	Siry)			Mer	mo Ite	m				
Full Name (Last, First, Middle Initial)											
C. United States Postal Service					Date of	Disbu	ırsem	nent			
Mailing Address 450 NY-25A				\dashv	м = м 10	/	16	_		y	Y
Maining Addition 450 MT-25A					10	- 1	10	-		_010	
,	tate	Zip Code			FEC Ide	entifica	ation	Num	ber		
East Setauket Purpose of Disbursement	NY	11733		_	С	_	_	_	_		
postage						nsact	ion "	D · e	R21D	5606	
Candidate Name Category/										nt this F	Period
Office Sought: House Disbursem	ont Farr		Type				-			32.4	0
Office Sought: House Disbursement For: Senate Primary General						-	-	-	,	32.4	· .
President Other (specify) ▼					Me	mo Ite	m				
State: District:		L IVIEI	no ne		_						
						-	-	-	-	706.0	S.E.
SUBTOTAL of Disbursements This Page (optional))	<u> </u>			_		,	706.6	J.J
TOTAL This Period (last page this line number only).											

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See Separate Schedule(s) Greeck only one Fee Classification Number Category/ Type	SCHEDULE B (FEC Form 3X)						GE 14 OF 22			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commercial purposes, other than using the name and address of any political committee to solicit confributions from such committees. NAME OF COMMITTEE (in Full) Taking Action For Suffolk County Full Name (Last, First, Middle Initial) A. United States Postal Service Mailing Address 450 NY-25A City State: District: Full Name (Last, First, Middle Initial) B. Distursement For: Senate President Category/ Type Office Sought: State: District: Full Name (Last, First, Middle Initial) B. Distursement Candidate Name Office Sought: State: District: Full Name (Last, First, Middle Initial) B. Distursement Candidate Name Office Sought: Senate President Category/ Type Office Sought: Senate President Category/ Type Office Sought: Fec Identification Number Category/ Type Office Sought: Full Name (Last, First, Middle Initial) C. Mailing Address City State: District: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Fec Identification Number Category/ Ty	ITEMIZED DISBURSEMENTS			(check	c only o	y one)				
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Fill) Taking Action For Suffolk County Full Name (Last, First, Middle Initial) A. United States Postal Service Mailing Address 450 NY-25A United States Selautive NY 11733 Furpose of Disbursement postage Candidate Name Category/ Type President State: District Full Name (Last, First, Middle Initial) B. Category/ Type Office Sought: House Primary General Disbursement Candidate Name Category/ Type FeC Identification Number Category/ Type FeC Identification Number FeC Identification Number Category/ Type Fec Identification Number Category/ T			Detailed Summary Page							
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Pruil) Taking Action For Suffolk County Full Name (Last, First, Middle Initial) A. United States Postal Service Mailing Address 450 NY-25A City East Setauket NY 1733 FUPPOSes of Disbursement Postage Cardidate Name Category/ Type Distor: Full Name (Last, First, Middle Initial) B. Sanate Primary Other (specify) ▼ State Distor: Full Name (Last, First, Middle Initial) B. Date of Disbursement Distor: Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Office Sought: House Purpose of Disbursement Disbursement For: Sonate Primary Other (specify) Other (specify) Distor: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Distor: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Primary Other (specify) State Disbursement For: Category/ Type Office Sought: House Primary Other (specify) State Disbursement For: Category/ Type FEC Identification Number Category/ Type FEC Identificati	[1.								
Taking Action For Suffolk County Full Name (Last, First, Middle Initial) City										
Full Name (Last, First, Middle Initial) A United States Postal Service Mailing Address 450 NY:25A City State Zip Code Purpose of Disbursement Purpose of Disbursement Primary General Primary	NAME OF COMMITTEE (In Full)									
A United States Postal Service Mailing Address 450 NY-25A City	Taking Action For Suffolk County									
City						.	D: 1			
City East Setauket Purpose of Disbursement postage Candidate Name Office Sought:						M = M	/ D	D / Y		
East Setauket Purpose of Disbursement postage Cardidate Name Category/ Type Coffice Sought:						10			2010	
Purpose of Disbursement postage Candidate Name Office Sought:						FEC Id	entificatio	n Number		
Candidate Name Category/ Type Category/ Category/ Amount of Each Disbursement this Period Disbursement For: Senate President Category/ Purpose of Disbursement Candidate Name Category/ Office Sought: House Disbursement For: Senate President Candidate Name Category/ Office Sought: House Disbursement For: Senate President Category/ Type Disbursement For: Senate President Category/ Type Date of Disbursement this Period FEC Identification Number Category/ Type Date of Disbursement this Period FEC Identification Number Category/ Type Date of Disbursement this Period Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement this Period FEC Identification Number Category/ Type Date of Disbursement this Period Memo Item Date of Disbursement this Period FEC Identification Number Category/ Type Memo Item State: District: State: District: State: District: Suppose of Disbursement This Page (optional)		INI	11/33							
Cardidate Name Office Sought: House Senate Primary General Primary House Disbursement For: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: House Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Primary General Primary General President State: Disbursement For: Senate Primary General President General Primary General President General President General President State: Disbursement For: Senate President General Primary General President General Disbursement For: Senate President General Disbursement For: Senate President General Disbursement For: Memor Item Memor Item Memor Item Substract. Substract Of Disbursement This Page (optional)	•			· · ·						
Office Sought: House Senate Primary General Other (specify) Memo Item State	Candidate Name			Catagori	v/			_		
Office Sought:					у′	, anount	or Lacil	Diobulsel	T GIIOU	
State: District: Other (specify) Full Name (Last, First, Middle Initial) B. Date of Disbursement City State Zip Code FEC Identification Number Candidate Name Other (specify) Office Sought: House Primary General President State: Disbursement C. Category/ Type Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: Senate Primary General Other (specify) Date of Disbursement this Period Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: General Primary General Pri	Office Sought: House Disburse	ement For:	<u> </u>			l .		1 20	258.89	
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B. Date of Disbursement		Other (sp	ecity) 🔻			Me	mo Item			
Mailing Address City										
City	B.					Date of	Disburse	ement		
City Purpose of Disbursement Candidate Name Category/ Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Memo Item FEC Identification Number Category/ Type Memo Item State: District: Memo Item State: Disbursement For: Senate Primary General Other (specify) ▼ Substate: District: Substate: District: Memo Item Substate: District: Memo Item Substate: District: Memo Item						M M / D D / Y Y Y Y				
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Candidate Name Category/ Type Office Sought:	City	State	Zip Code			FEC Ide	entificatio	n Number		
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Office Sought: House Senate President Other (specify) State: District: Memo Item Date of Disbursement Category/ Type Memo Item Date of Disbursement Category/ Type Memo Item Date of Disbursement Category/ Type Category/ Type Category/ Type Office Sought: House Senate Primary General Other (specify) Memo Item State: District: Memo Item Date of Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) Memo Item State: District: Memo Item Substate: District: Memo Item Substate: District: Memo Item Date of Disbursement FEC Identification Number Category/ Type Memo Item Substate: District: Memo Item	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · ·						
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State: District: Other (specify) Memo Item Date of Disbursement Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Memo Item Substock And Disbursement This Page (optional)	Office Sought: House Disburse	ement For:		.7100		Ι.				
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Office Sought: House President State: District: Date of Disbursement FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item Subtrotal of Disbursements This Page (optional)	Senate	_							4	
Full Name (Last, First, Middle Initial) Date of Disbursement City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate President State: District: Substract: Substract Subs		Other (sp	ecify)			Me	mo Item			
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: M M M / D D / YYYYY FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item 258.89										
City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substrict: Memo Item 258.89	Full Name (Last, First, Middle Initial) C.					Date of	Disburse	ement		
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substitute Substitute State: Disbursements This Page (optional)	Mailing Address					M M	/ D	D / Y	YYYY	
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Substitute: District: Memo Item Substitute: Substitute: Page (optional)	City	State	Zip Code			FEC. Ide	entificatio	n Number		
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Substrict: Memo Item 258.89	Purpose of Disbursement				=		Sittinoatio	T Tullibor		
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substruct: Memo Item										
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Candidate Name				y/	Amount	of Each	Disburser	ment this Period	
State: Other (specify) Substrict: Memo Item 258.89	Office Sought: House Disburse									
State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)	Senate	Senate Primary General						7	- 4	
State: District: SUBTOTAL of Disbursements This Page (optional)							mo Item			
240E2 27	State: District:					Ц				
21052 37	SUBTOTAL of Disbursements This Page (optional).				•			7	258.89	
									21052 37	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Dat	te of Public Distribution/Dissemination
DeVine, Kelly, , ,				09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 119 Jane Avenue			Am	ount
City	State	Zip Code	$ \Gamma$	337.50
Port Jefferson	NY	11777		ansaction ID : SE.5716 te of Disbursement or Obligation
Purpose of Expenditure canvassing		Category/ Type 001		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Soi	ught: House District: 01
GERSHON, PERRY, , ,		Oppose	Pre	sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7	24864.25	Disbursen 2018	nent For: Primary
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Ferraro, William, , ,				09 / 30 / 2018
Mailing Address 12 Comet Road			Am	ount
City	State	Zip Code	— Г	60.00
Selden	NY	11784		ansaction ID : SE.5717 te of Disbursement or Obligation
Purpose of Expenditure canvassing		Category/ Type 001		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soi	ught: X House District: 01
GERSHON, PERRY, , ,		Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7	24924.25	Disbursen 2018	nent For: ☐ Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;			397.50
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	[Electronically Fil	led1 -	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 11	01 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				
				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date of	f Public Distribution/Dissemination
Ferraro, William, , ,				09 30 7 2018
Mailing Address 12 Comet Road			Amoun	t
City	State	Zip Code	-	172.50
Selden	NY	11784		action ID : SE.5723 f Disbursement or Obligation
Purpose of Expenditure canvassing		Category/ Type 001	М	10 02 / 2018
Name of Federal Candidate:		X Support	Office Sought	: X House District: 02
Shirley, Liuba, , ,		Oppose	Preside	nt Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	3301.97	Disbursement 2018 Ot	For: Primary X General her (specify) ▶
Full Name of Payee		☐ Memo	Item Date of	f Public Distribution/Dissemination
Finer, Samuel, , ,				09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Bayview Terrace				09 30 2018
TTT Dayview Terrace			Amoun	t
City	State	Zip Code		251.25
Port Jefferson	NY	11777		action ID : SE.5719 f Disbursement or Obligation
Purpose of Expenditure canvassing		Category/ Type 001		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sought	: X House District: 01
GERSHON, PERRY, , ,		Oppose	Preside	NIV
Calendar Year-To-Date		25175.50	Disbursement 2018	For: Primary General
Per Election for Office Sought	T T		Ot	her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		· [423.75
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	[Electronically Fil	adl	M = M /	D D / Y Y Y Y Y Y
Signature	ъссновисану Е и	eaj Date	11	01 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 17 OF 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Finer, Samuel, , ,				09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Bayview Terrace			Amo	unt
City	State	Zip Code	$ \Gamma$	180.00
Port Jefferson	NY	11777		saction ID : SE.5724 of Disbursement or Obligation
Purpose of Expenditure canvassing		Category/ Type 001		10 02 / 2018
Name of Federal Candidate:		✗ Support	Office Soug	ght: X House District: 02
Shirley, Liuba, , ,		Oppose	Presi	dent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		3481.97	Disburseme	
,			<u> </u>	Other (specify) ▶
Full Name of Payee Internal Revenue Service		☐ Memo	Item Date	of Public Distribution/Dissemination
				09 30 7 2018
Mailing Address 1111 Constitution Avenue Northwe	est		Amo	unt
City	State	Zip Code	— F	77.05
Washington	DC	20224	I	nsaction ID : SE.5727 of Disbursement or Obligation
Purpose of Expenditure payroll taxes		Category/ Type 001		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sou	ght: X House District: 01
GERSHON, PERRY, , ,		Oppose	Presi	dent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 L L 7	25537.55	Disburseme	ent For: Primary X General Other (specify) ▶
				(1)
(a) SUBTOTAL of Itemized Independent Expenditures				257.05
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	ed1 -	M = M	D D / Y Y Y Y Y
Signature	<u> 2 опшину Г</u> и	Date	9 11	01 2018

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				
				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee Internal Revenue Service		☐ Memo	Item	Date of Public Distribution/Dissemination
Internal Revenue Service				09 / 30 / 2018
Mailing Address 1111 Constitution Avenue Northwes	st			Amount
City	State	Zip Code		78.60
Washington	DC	20224		Transaction ID : SE.5729 Date of Disbursement or Obligation
Purpose of Expenditure payroll taxes		Category/ Type 001	1	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought:
Shirley, Liuba, , ,		Oppose		President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		4160.57	Disbu 2018	ursement For:
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Millennial Strategies				10 11 2018
Mailing Address 85 Broad St. 18th Floor				
				Amount
City	State	Zip Code		50000.00
New York	NY	10004		Transaction ID : SE.5731 Date of Disbursement or Obligation
Purpose of Expenditure anti-Zeldin radio production and time		Category/ Type 004	1	10 / 10 / 2018
Name of Federal Candidate:		Support	Office	e Sought: X House District: 01
ZELDIN, LEE M, , ,		x Oppose		President Senate State: NY
Calendar Year-To-Date		75575.59	1	ursement For: Primary X General
Per Election for Office Sought	7 7	73373.33	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	50078.60
(b) SUBTOTAL of Unitemized Independent Expenditur	es		•	
(c) TOTAL Independent Expenditures			·· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	Electronically File	ed]	M	1 01 2018
Signature		_ Date	e 1	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 19 OF 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
Millennial Strategies				10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 85 Broad St. 18th Floor			Am	ount
City	State	Zip Code	— F	6724.00
New York	NY	10004		insaction ID : SE.5733 ie of Disbursement or Obligation
Purpose of Expenditure Field Canvass to support Gershon		Category/ Type 003		10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sou	ught: X House District: 01
GERSHON, PERRY, , ,		Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		82299.59	Disbursem 2018	_ , _
Full Name of Days	,,	□ Massa	Li Dot	Other (specify) ▶ e of Public Distribution/Dissemination
Full Name of Payee Montauban, Judith, , ,		∐ Memo	item Dai	09 30 2018
Mailing Address 3103 Kane Ave			Am	ount
	Lau	I =		
City Medford	State NY	Zip Code 11763		45.00 ansaction ID : SE.5720
Purpose of Expenditure		Category/	Dat	e of Disbursement or Obligation
canvassing		Type 001		10 02 2018
Name of Federal Candidate:		x Support	Office Sou	ught: Mouse District: 01
GERSHON, PERRY, , ,		Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7-1-7	25220.50	Disbursen 2018	nent For: Primary
<u> </u>				
(a) SUBTOTAL of Itemized Independent Expenditures				6769.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	led1	M = M	/ D D / Y Y Y Y
Signature	<u>ыксы описшу</u> Г Ш	Date	e 11	01 2018

Signature

TEMIZED INDEPENDENT EXPENDITURES	ı		PAGE 20 OF 22
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
Taking Action For Suffolk County			FEC IDENTIFICATION NUMBER ▼
			C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repor	rt filed on
Full Name of Payee New York State Department of Taxation	and Finance	☐ Memo I	
Mailing Address			09 / 30 / 2018
STATE PROCESSING CENTER			Amount
PO BOX 61000	State	Zip Code	38.04
Albany	NY	12261	Transaction ID : SE.5728
Purpose of Expenditure			Date of Disbursement or Obligation
SUTA taxes		Category/ Type 001	10 02 7 2018
Name of Federal Candidate:		✗ Support	Office Sought: House District: 01
GERSHON, PERRY, , ,		Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 7	25575.59	Disbursement For: ☐ Primary
Full Name of Payee New York State Department of Taxat Mailing Address STATE PROCESSING CENTER PO POX 61000	ion and Fina	☐ Memo I	Date of Public Distribution/Dissemination M 09 / D 30 / Y 2018 Amount
PO BOX 61000	State	Zip Code	38.81
Albany	NY	12261	Transaction ID : SE.5730 Date of Disbursement or Obligation
Purpose of Expenditure SUTA tax		Category/ Type 001	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 02
Shirley, Liuba, , ,		Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7	4199.38	Disbursement For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu (c) TOTAL Independent Expenditures	ıres		76.85
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		of either, or (if the reporting entity is not a political
Ervin, Robert, Francis, ,	[Electronically File	led] Date	11 01 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
Sinkler, Kenneth, , ,				09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 29 Shenandoah Blvd			Am	ount
City	State	Zip Code	— Г	52.50
Port Jefferson Station	NY	11776		nsaction ID : SE.5721 e of Disbursement or Obligation
Purpose of Expenditure canvassing		Category/ Type 001		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ught: House District: 01
GERSHON, PERRY, , ,		Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		25273.00	Disbursem	
Full Name of Payee		□ Mome	Itam Dat	Other (specify) ▶e of Public Distribution/Dissemination
Sinkler, Kenneth, , ,		∐ Memo	item Dat	M M / D D / Y Y Y
Mailing Address 29 Shenandoah Blvd				09 30 2018
29 Shehahubah biyu			Am	ount
City	State	Zip Code		348.75
Port Jefferson Station	NY	11776	I	ensaction ID : SE.5725 e of Disbursement or Obligation
Purpose of Expenditure canvassing		Category/ Type 001		10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ight: X House District: 02
Shirley, Liuba, , ,		Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 L L 7	3830.72	Disbursem	nent For: Primary
L				
(a) SUBTOTAL of Itemized Independent Expenditures				401.25
			_ =	
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 11	01 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 22 OF 22 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Taking Action For Suffolk County				C C00637645
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Snider, Terry-Linn, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 26 Tower Hill Rd			Amo	unt
City	State	Zip Code	— F	187.50
Shoreham	NY	11786		nsaction ID : SE.5722 of Disbursement or Obligation
Purpose of Expenditure canvassing		Category/ Type 001		M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sou	ght: X House District: 01
GERSHON, PERRY, , ,		Oppose	Presi	dent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 7	25460.50	Disburseme	ent For: Primary X General Other (specify) ►
Full Name of Payee		Memo	1_	e of Public Distribution/Dissemination
Snider, Terry-Linn, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 26 Tower Hill Rd			Amo	unt
City	State	Zip Code	-	251.25
Shoreham	NY	11786		nsaction ID : SE.5726 of Disbursement or Obligation
Purpose of Expenditure canvassing		Category/ Type 001		10
Name of Federal Candidate:		x Support	Office Sou	ght: K House District: 02
Shirley, Liuba, , ,		Oppose	Presi	dent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	4081.97	Disburseme 2018	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures			• <u> </u>	438.75
42015554				
(b) SUBTOTAL of Unitemized Independent Expenditure	res		·	
(c) TOTAL Independent Expenditures			· -	58842.75
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ervin, Robert, Francis, ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	11	01 2018